

FILED AUG 1 - 1957		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		24508	
Registration District No. 149		Primary Registration District No. 1002		STATE FILE NUMBER 3242	
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Prairie Village	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Mueller's Office 535 Argyle Bldg.		Length of stay in 1b 2 hrs		X d. STREET ADDRESS 7839 Birch	
3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE J. DOUGHERTY		4. DATE OF DEATH Month Day Year July 11 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1921	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X-Ray Technician		10b. KIND OF BUSINESS OR INDUSTRY General Hospital		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
13. FATHER'S NAME Harry M. Dougherty		14. MOTHER'S MAIDEN NAME Gertrude M. Fulton		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-26-0648		17. INFORMANT Mrs. Gertrude Dougherty, 7839 Birch	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease		Interval between ONSET and DEATH 20 years			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)		410X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-21-51 to 7-11-57 and last saw him alive on 6-14-57 Death occurred at 11:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Martin J. Mueller M.D.		22b. ADDRESS 535 Argyle Bldg ICC Mo		22c. DATE SIGNED 7-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-13-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home 1800 E. Linwood, K. C., Mo.		25. DATE RECD. BY LOCAL REG. 7-12-57		26. REGISTRAR'S SIGNATURE Nora Minshall	

Dr. Martin J. Mack  
anyela Bely:  
Vi' 2-8267

12:30 PM -

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Archie Eugene* .....  
Licensed Embalmer No. 48

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.